

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050461

Registration District No. 324 Primary Registration District No. 3073 Registrar's No. 220

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 24 1963

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		c. CITY OR TOWN <i>Marshall</i>	
Length of stay in 1b <i>25 yrs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>62 E Yerby</i>		d. STREET ADDRESS (If outside, give location) <i>62 E. Yerby</i>	
3. NAME OF DECEASED (Type or print) <i>HOWARD WESLEY FIELD</i>		4. DATE OF DEATH Month <i>Dec.</i> Day <i>21</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-11-1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Attendant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>State School &amp; Hosp.</i>	11. BIRTHPLACE (City and state or country) <i>Higginsville MO</i>
13a. FATHER'S NAME <i>John Field</i>		13b. MOTHER'S MAIDEN NAME <i>Nannie Barnes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <i>no</i>		17. INFORMANT <i>Mrs Georgia M Field</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Tuberculosis F.A.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE <i>Georgia M Field</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus Hypertension</i>		16. SOCIAL SECURITY NO. _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from <i>1957</i> to <i>Dec 21, 1963</i> and last saw him alive on <i>Dec 20, 1963</i> Death occurred at <i>6:00 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marvin E Roehn</i>		22b. ADDRESS <i>Marshall Mo</i>	
22c. DATE SIGNED <i>12/21/63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-23-1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Ridge Park Cem.</i>		23d. LOCATION (City, town, or county) <i>Marshall</i>	
23e. STATE <i>MO</i>			
24. FUNERAL DIRECTOR <i>Harry Zershbogen</i>		25. DATE RECD. BY LOCAL REG. <i>12-21-63</i>	
ADDRESS <i>Marshall, MO</i>		26. REGISTRAR'S SIGNATURE <i>Cecil G. Reed</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 2 1964

MAR 24 1964

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.